

OFFICER'S BATTERY REPORT
CHICAGO POLICE DEPARTMENT

RO NO. **HX284801**

INSTRUCTIONS: This form is to be completed for all incidents when: (1) a sworn member is the victim of a murder, aggravated battery, battery, aggravated assault, or assault while performing a police function either on-duty or off-duty, (2) a detention aide is the victim of a murder, aggravated battery, battery, aggravated assault, or assault while in the performance of his or her duties.

"X APPLICABLE BOXES"

OFFICER INFORMATION		INCIDENT INFORMATION											
NAME (LAST - F/RST - M.I.) REYES, LUIS G		<input checked="" type="checkbox"/> 1. INDOOR <input type="checkbox"/> 2. OUTDOOR ADDRESS OF OCCURRENCE 1537 N TALMAN AVE Apt 1ST FLOOR CITY <input checked="" type="checkbox"/> CHICAGO STATE (If outside Chicago) <input type="checkbox"/> LOCATION CODE 290-RESIDENCE BEAT OF OCCURRENCE 1423 DATE OF OCCURRENCE 01-JUN-2014 TIME 01:34:00 DAY OF WEEK SUNDAY NO. OF OFFICERS BATTERED 3 WERE THERE ASSISTING UNITS ON SCENE? 1. <input checked="" type="checkbox"/> YES 2. <input type="checkbox"/> NO IF YES HOW MANY ASSISTING OFFICERS WERE PRESENT AT TIME BATTERY (EXCLUDING YOU OR YOUR PARTNERS)? 30											
STAR NO. 15014	POSITION POLICE OFFICER												
DATE OF APPOINTMENT 29-SEP-2003	EMPLOYEE NO. ██████████												
UNIT OF ASSIGNMENT 014	BEAT/CALL NO. 1462E												
SEX <input checked="" type="checkbox"/> 1. M <input type="checkbox"/> 2. F	RACE HISPANIC	DOB ██████████											
HEIGHT 600	WEIGHT 196												
TYPE OF ASSIGNMENT WHEN BATTERY OCCURRED													
<input checked="" type="checkbox"/> 1. ON DUTY <input type="checkbox"/> A. UNIFORM, PATROL DUTY <input type="checkbox"/> B. UNIFORM, OTHER DUTY Describe _____ <input checked="" type="checkbox"/> C. CITIZEN'S DRESS <input type="checkbox"/> D. TACTICAL <input type="checkbox"/> E. B.I.S. UNIT <input type="checkbox"/> F. SPECIAL EMPLOYMENT <input type="checkbox"/> G. OTHER _____		WORKING: <input type="checkbox"/> A. ALONE <input checked="" type="checkbox"/> B. WITH ONE PARTNER <input type="checkbox"/> C. WITH MULTIPLE PARTNERS How many? <input type="checkbox"/> PATROL TYPE: <input type="checkbox"/> A. SQUAD CAR <input type="checkbox"/> B. FOOT <input type="checkbox"/> C. BICYCLE <input type="checkbox"/> D. APV/MOTORCYCLE <input type="checkbox"/> E. SQUADROL <input checked="" type="checkbox"/> F. OTHER <u>UNMARKED TAHOE</u>											
<input type="checkbox"/> 2. OFF DUTY <input type="checkbox"/> 3. SPECIAL EMPLOYMENT <input type="checkbox"/> 4. SECONDARY / OTHER													
TYPE OF ACTIVITY													
<input type="checkbox"/> A. AMBUSH - NO WARNING <input type="checkbox"/> B. TRAFFIC STOP/PURSUIT <input type="checkbox"/> C. INVESTIGATING SUSPICIOUS PERSON <input type="checkbox"/> D. DISTURBANCE - DOMESTIC <input type="checkbox"/> E. DISTURBANCE - MENTAL PATIENT <input type="checkbox"/> F. DISTURBANCE - RIOT/MOB ACTION/CIVIL DISORDER <input checked="" type="checkbox"/> G. DISTURBANCE - OTHER <input type="checkbox"/> H. MAN WITH A GUN <input type="checkbox"/> I. PURSUING/ARRESTING OFFENDER (Specify) CHARGE _____ IUCR CODE _____		<input type="checkbox"/> A. FIREARM CAULER <input type="checkbox"/> 1. REVOLVER <input type="checkbox"/> 2. SEMI-AUTOMATIC <input type="checkbox"/> 3. RIFLE <input type="checkbox"/> 4. SHOTGUN <input type="checkbox"/> B. VEHICLE <input type="checkbox"/> 1. OFFICER STRUCK WITH VEHICLE <input type="checkbox"/> 2. ATTEMPTED TO STRIKE OFFICER WITH VEHICLE <input type="checkbox"/> C. KNIFE/OTHER CUTTING INSTRUMENT											
<input type="checkbox"/> J. PROCESSING/TRANSPORTING/GUARDING A PRISONER (Specify) ORIGINAL CHARGE _____ ORIGINAL IUCR CODE _____													
<input type="checkbox"/> K. OTHER													
TYPE OF INJURY TO OFFICER													
<input type="checkbox"/> A. FATAL <input checked="" type="checkbox"/> B. NON-FATAL - MAJOR INJURY (Broken Bones/Serious Lacerations/ Internal Injuries) <input type="checkbox"/> C. NON-FATAL - MINOR INJURY (Bruises/Swelling/Minor Abrasions) <input type="checkbox"/> D. NONE APPARENT/NONE		WAS THE OFFENDER'S ACTIVITY: DRUG RELATED? <input type="checkbox"/> 1. YES <input checked="" type="checkbox"/> 2. NO <input type="checkbox"/> 3. UNKNOWN GANG RELATED? <input type="checkbox"/> 1. YES <input checked="" type="checkbox"/> 2. NO <input type="checkbox"/> 3. UNKNOWN											
		NO. OF OFFENDERS PRESENT? 3											
LIGHTING CONDITIONS AT INCIDENT													
<input type="checkbox"/> A. DAYLIGHT <input type="checkbox"/> D. DUSK <input type="checkbox"/> B. NIGHT <input checked="" type="checkbox"/> E. ARTIFICIAL LIGHT <input type="checkbox"/> C. DAWN		WEATHER CONDITIONS <table> <tr> <td><input type="checkbox"/> A. CLEAR</td> <td><input type="checkbox"/> D. FOG / SMOKE / HAZE</td> <td><input type="checkbox"/> G. OTHER</td> </tr> <tr> <td><input type="checkbox"/> B. RAIN</td> <td><input type="checkbox"/> E. SLEET / HAIL</td> <td></td> </tr> <tr> <td><input type="checkbox"/> C. SNOW</td> <td><input type="checkbox"/> F. SEVERE CROSS WIND</td> <td></td> </tr> </table>			<input type="checkbox"/> A. CLEAR	<input type="checkbox"/> D. FOG / SMOKE / HAZE	<input type="checkbox"/> G. OTHER	<input type="checkbox"/> B. RAIN	<input type="checkbox"/> E. SLEET / HAIL		<input type="checkbox"/> C. SNOW	<input type="checkbox"/> F. SEVERE CROSS WIND	
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APPROXIMATE OUTDOOR TEMPERATURE: 60 °F													

LOG# 1081170
Attachment 22

REPORTING MEMBER - SIGNATURE
REYES, LUIS G

STAR NO.
15014

WATCH COMMANDER /UNIT COMMANDING OFFICER- SIGNATURE STAR NO.
MULKERIN, MICHAEL J